

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 16-AUG-2016		TIME 22:02:00	2. ADDRESS OF OCCURRENCE 10200 S EBERHART AVE CHICAGO, IL 60628			3. LOCATION CODE 304	4. BEAT/OCCUR 0511	4a, VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BWC <input checked="" type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT VIDEO	
MEMBER INVOLVED <input type="checkbox"/> DNA SUBJECT INFORMATION	5. POSITION 9161	6. LAST NAME HERNANDEZ	7. FIRST NAME KEVIN	8. STAR NO. 17585	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WWH	11. AGE 509	12. HT. 130	
	14. DATE OF APPT. 24-NOV-2014	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 022 2223	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	20. LAST NAME LAWSON	21. FIRST NAME CHARLES	22. M.I.	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. 01-SEP-1991	26. HT. 509	27. WT. 220	
	28. ADDRESS 10710 S WENTWORTH AVE CHICAGO, IL 60628		29. TELEPHONE NO.	30. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	OTHER (SPECIFY)	31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		
	32a. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None		33. WHERE WAS MEDICAL TREATMENT OBTAINED?						
	34. BY WHOM?				35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid				
	36. CHARGES PLACED				<input type="checkbox"/> DNA	37. CB NO. IR NO. 19357417	<input type="checkbox"/> DNA		
	***** PLEASE SEE NEXT PAGE *****								
	REASON FOR USE OF FORCE (Check all that apply) <input type="checkbox"/> DNA	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY	
		DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/>	
STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER _____		OTHER _____			
OTHER _____		OTHER _____				PERCEIVED AS _____			
MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>			
VERBAL COMMANDS <input type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>				FIREARM <input type="checkbox"/>			
ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>			
WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>			
ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>		OTHER _____		OTHER _____			
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		OTHER _____			
CONTROL INSTRUMENT <input type="checkbox"/>		TASER (ARC Cycle) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>		OTHER _____		OTHER _____			
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>		OTHER _____		OTHER _____			
LRAD WITH AUTHORIZATION <input type="checkbox"/>		OTHER _____		OTHER _____		OTHER _____			
OTHER ACTIVATED LIGHTS AND SIRENS <input type="checkbox"/>		OTHER _____		OTHER _____		OTHER _____			
WEAPON DISCHARGE INCIDENT <input type="checkbox"/> DNA	* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)			RANK	STAR NO.	UNIT NO.	40. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		
	40a. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			40b. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			40c. DID THE DISCHARGE RESULT IN A SELF -INFILCTED INJURY? <input checked="" type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member		
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN			42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 05 Poor Artificial	44. WEATHER CONDITIONS CLEAR		
	45. MAKE/MANUFACTURER			46. MODEL		47. BARREL LENGTH	48. CALIBER/GAUGE		
	49. TASER DART ID NO.		50. WEAPON SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		
	53. HANDGUN CERTIFICATE NO.		54. PROPERTY INVENTORY NO.		55. TYPE OF AMMUNITION USED		56. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.	57. TOTAL NO. OF SHOTS MEMBER FIRED	
	58. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		59. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		60. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		61. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		
	62. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 07 NONE <input type="checkbox"/> 08 ANY OTHER COMBINATION		69. ADDITIONAL INFORMATION SUBJECT WAS ARMED WITH A SEMI AUTOMATIC HANDGUN		
	70. EVENT NO. 1622916533								
	71. R.D. NO. HZ39527								

WHICH HE FIRED AT R/O'S VEHICLE WHICH STRUCK VEHICLE

IN FRONT WINDSHIELD.

1622916533**HZ395227**

NOTIFICATIONS (ALL INCIDENTS): IMMEDIATE SUPERVISOR DSS OF DISTRICT OF OCCURRENCE

NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): OEMC CPIC

NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): OEMC

Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.

40. ADDITIONAL INFORMATION

SUBJECT WAS ARMED WITH A SEMI AUTOMATIC HANDGUN WHICH HE FIRED AT R/O'S VEHICLE WHICH STRUCK VEHICLE IN FRONT WINDSHIELD.

73. REPORTING MEMBER (Print Name)

HERNANDEZ, KEVIN**17-AUG-2016 06:13:05**

STAR/EMPLOYEE NO.

17585

SIGNATURE

Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.

74. REVIEWING SUPERVISOR (Print Name)

DEROUIN, THOMAS H

STAR NO.

2462

SIGNATURE

DATE REVIEWED

TIME

17-AUG-2016 07:07:32

Additional discharged weapons:

**SUBJECT
INFORMATION**

36. CHARGES PLACED

625 ILCS 5.0/11-204.1-A-1, 625 ILCS 5.0/4-103-A-1, 720 ILCS 5.0/18-4-A-4, 720 ILCS 5.0/24-1.1-A, 720 ILCS 5.0/12-3.05-E-2, 720 ILCS 5.0/9-1-A-1, 725 ILCS 5.0/110-3, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/9-1-A-1, 720 ILCS 5.0/9-1-A-1

DNA

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEWING AND APPROVAL OF ALL TRR'S FROM THE SAME INCIDENT: 1. THE EXEMPT LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRR'S FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. 3. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

76. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

The officer was shot at by an offender with a handgun, and the officer was within department guidelines and policies.

77. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

78. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

I HAVE CONCLUDED THIS INVESTIGATION FALLS UNDER THE INVESTIGATION AUTHORITY OF THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA).

LOG NO. _____ OBTAINED

BASED ON THE INFORMATION THAT I HAVE REVIEWED, I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE RESPONSE WAS:

IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

79. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

NAVARRO, KEVIN B

80.

TRR _____ OF _____ TRR(S)

81. TOTAL TRR's THIS EVENT No.

4

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

17-AUG-2016 07:14:19